

APPLICATION FOR CERTIFICATE

For students who were automatically awarded in a previous term.

(Please type or print and complete all items.)

Name as it appears on permanent record:

Last	,	Middle (Maiden)	
Address:		-	
City/State/Zip:		Date of Birth:	
LoLA ID #:	SSN#:		
Phone# ()	e-mail:		
Name as you would like it	t to appear on diploma:		
Last	,	Middle (Maiden)	
I would like to receive m	y diploma that was automatically awarded in	for the:	
Certificate of Gen	neral Studies (CGS)		
Certificate of Tec	chnical Studies (CTS) in		
Please choose an option:			
Please notify me	via the phone# listed above when my diploma	is ready for pickup.	
Please notify me	via the e-mail address listed above when my d	iploma is ready for pickup.	
Please mail my di	iploma to the address listed above. (An addition	onal \$20.00 is applied.)	
Student's Signature	Date		
	the diploma. Students who choose to have the diple e paid to the Bursar's Office before the request is p		
FEE PAID:Cashier	Date		
Date mailed:	Certified Article No	0.:	

Registrar's Staff